Self-Injurious Behaviors: Help Stop the Pain

By Kim Combes, LBSW/M.Ed.

His pacing continued, much like a caged, angry lion. He was struggling… seemingly having no way of verbalizing the pent up emotion swirling destructively inside him. He was about to burst; something had to give. Diane and I were helpless to alleviate his pain. We escaped into Fear Factor playing on TV, not realizing that we were about to experience our own "fear factor" momentarily.

James (our 24- year-old former foster son) went to the kitchen. Within seconds we heard sounds orgasmic in nature. Baffled, we waited what seemed like an eternity. He emerged from the kitchen, calm…relieved from the stress he was demonstrating just moments before. We pursued him as he sat reticent at the dining table. Diane questioned him. No response. Thinking he would talk if it were just the two of us, Diane left the room. Initially evasive to my interrogation, he finally asked me "Do you really want to know?" As I nodded yes, he lifted his shirt revealing a 1-2 inch bloody wound, a manifestation of his solution to the overwhelming negative feelings now pacified. As a surgeon skillfully removes a malignant tumor, James had successfully (for the moment anyway) removed the cancer of unbearable pain with one swipe of a blade.

Self-injurious behavior! This phenomenon, recently labeled the "anorexia of the new millennium", is an ever-growing epidemic amongst our youth culture today, but is not exclusive to teens only. A nationwide study conducted in 2002 found that one out of every 200 teen girls regularly harms herself. About 72% say they cut themselves; others burn themselves, hit themselves and even break their own bones. Seventy-eight percent use a combination of methods of self-injury. Males, too, utilize self-harm to relieve the pain and emptiness they experience internally.

Not to be confused with ritual bodily harm as graphically portrayed in the 1970s film "A Man Called Horse", current self-injurious behaviors (SIB) are the manifestations of deeper underlying problems unable to be verbalized by those experiencing incredible inner turmoil. The cuts, burns and broken bones are simply the visible expressions of internal hopelessness and despair. Cutting may be a way to express ON the skin what is difficult to express UNDER the skin.

There is no paucity of literature regarding SIB. *Google* indicated well over 9 million links to be explored under this heading. The surfer is directed to "definitions of, causes, and treatments for" this enigmatic behavior now being discussed in myriad counseling offices and familial homes where desperate loved ones are trying to sort out their own confused, horrified emotions associated with SIB.

To clarify, self-injurious behavior does not fall, by definition, under any behaviors done as a rite of passage (i.e. Native American Sun Vows), for bodily ornamentation (tattoos, belly rings, etc), for sexual pleasure (masochism), or purely for emotional manipulation of authority figures (to "get back" at parents) although this might be a "fringe benefit."

Most researchers agree that self-injury is self-inflicted physical harm severe enough to cause tissue damage or marks that last for several hours or permanently, done without suicidal intent. While cutting is the most universal type of SIB, head-banging and burning are also viable methods for self-injurers.

An acquaintance of mine started his self-injury when he accidentally slammed his fingers in a car door while struggling with suicidal ideations. The intensity of physical pain superseded the emotional intensity, thus the genesis of his self-inflicted harm. Other forms of SIB include skin-picking, hair pulling, hitting objects with the body or vice versa. One man in his 20s admitted that he had purposely broken the bones in his feet many times by dropping 5 lb grocery cans on them. The combination of pain/pleasure is euphoric, thus addictive in nature.

It works like this. The tension and stress of life build. Negative, self-derogatory thoughts condemn. Emotions escalate to dangerously high levels, to the extent an injurer believes it cannot be endured. A release is needed. Dissociation, then the injury. Endorphins in the body are released. Euphoria. Emotions de-escalate. Stabilization. Shame and guilt for behaviors surface. Tension mounts. Negative thoughts condemn…the cycle continues.

It is erroneously assumed that SIB is a precursor to suicide, thus it must be stopped to deter inevitable death. Those who work with cutters challenge this conventional thinking. Perhaps cutting is a way to *stop* a young person from becoming yet another statistic. Imagine, then, that the razor, the glass, the nail…is the injurer's "social support". Remove it and one takes away the motivation to stay alive. Doctors can occasionally glean from the look of the wound whether suicidal intent may be present. Self-injurers will have many wounds in various degrees of healing while a suicidal patient may have no visible indications of a self-injurious history.

It's very difficult to wrap one's mind around this concept. CUTTING IS A WAY TO STAY ALIVE?!? In speaking with James, verification was given that, yes, chances of a successful suicide would likely increase if the self-injurious behaviors weren't an option. The pain/euphoria cycle may very well be the act that keeps injurers from eventual demise.

Cajoling, threats and ultimatums are useless for getting individuals to cease and desist with the SIB. In fact, these will likely increase the desire for release in a self-violent way. One may feel more and more isolated from those that love them as it isn't "safe" to share their shameful secret. Persons who are taken to psychiatric wards by frightened caregivers are hindered, not helped, by this act. While hospital rooms are void of hurtful objects, those who have an overwhelming urge to cut will utilize anything. Many cutters have admitted to biting/scratching themselves, pouring in the wound the salt that comes with their meals, then pressing against the wound the ice that comes in the drink cup. This 3-step action will create a wound similar to that of a fire burn with the same painful/euphoric effect. Too, to take away the usual items of self-harm, the self-injurer

may have to resort to something that will leave far more damage than the razor to get the same euphoric effect.

The term "self-mutilation" is one associated with SIB. However, self-injurers do not appreciate this idiom, as it seems to reflect "intent". While SIB does leave marks/scars, this is a secondary characteristic, not one that is deliberate so as to show off battle scars. Many that self-harm will wear clothing that hides the proof of their choice, such as long-sleeve shirts and pants even on stifling, hot summer days.

If SIB is a manifestation of presenting problems, what might be the actual problems? Self-injurers have reported using SIB to maintain a sense of security or feelings of uniqueness (I'll hurt me before I let YOU hurt me). They feel alienated by family and friends with no sense of validation for who they are. Sexual abuse victims who self-harm believe they need to be "punished" for what happened to them, thus they utilize cutting or other methods. Some use SIB to divert attention (inner or outer) from issues too painful to examine. Others feel "nothing". Self-injury and the resulting pain/blood reminds the individual that they are indeed still in the land of the living. SIB is sometimes the result of catastrophic losses in childhood, too overwhelming to deal with. Generally, however, relationships are the cause of SIB and thus relationships are the antidote.

Andrew Levander, Clinical Director of Vista Del Mar in Southern California writes:

"Many therapeutic approaches have been and are being developed to help self-harmers learn new coping mechanisms and teach them how to use those techniques instead of self-injury. This does not mean that patients should be coerced into stopping self-injury. Any attempts to reduce or control the amount of self-harm a person does should be based in the client's willingness to undertake the difficult work of controlling and/or stopping self-injury. Treatment should not be based on a practitioner's personal feelings about the practice of self-harm."

Non-medical caregivers can be a part of the healing process if their own emotions/actions are handled in a loving, non-threatening way. Reading this article is the start of helping a loved one through the pain of SIB. Continue to read books and resources (remember to GOOGLE for a plethora of information). If a self-injurer wants to talk, focus on the underlying issues, not the behaviors. Accept how you feel about self-harm and realize that you may need your own support group to help another. Show that you are a safe person to talk with, but don't push a person to do so. Listen, but show an interest by asking questions in a non-judgmental way. Help to work out triggers to self-harm and how a self-harmer can find distractions instead of using razors, etc. Encourage a self-injurer to start a diary where they can write down how they are feeling and take notes of when, how, and why they self-harm.

Do not ignore the self-injurer. Treat them as you usually would. Be respectful and understanding. Shouting and "freaking out" are not beneficial for anyone. To say "snap out of it" or "you're crazy for cutting" is detrimental to the relationship you want to

create. As hard as it is, do not take it personally. It's not about you, but about what a self-injurer cannot yet express in healthy ways. Stay "one down" by stating you don't understand, but that you want to. Ask "How would you like me to respond to this?" Do not use "emotional blackmail" to get the behaviors to stop. This will instill more guilt and thus the desire to do harm again. When you discover a self-injurer in the act, stay calm. Do what you would do if they would have fallen down and scraped a knee…nurture them (this will not reinforce the behavior, but will develop the trust between you and the self-harmer). Tell them you love them. Then tell them again.

Self-injurers often find the urge to hurt themselves uncontrollable. Teach the person some alternative distractions to self-harm such as writing in a journal, listening to uplifting music, beating a pillow, screaming/shouting in a private place and/or exercising. Encourage using a red magic marker to draw on self (to represent the blood that would have flown), putting an ice cube in the crook of the elbow, defacing pictures in a catalog and/or letting Calgon take you away.

Remember, a self-injurer will stop self-abusive behavior only when the self-abuser no longer finds it necessary to do so. In the meantime, nurturing and being "safe" is a caregiver's best bet for being part of the "cure".

I want to mention three books useful to my own emotional struggle with dealing with a cutter: (1) BODILY HARM: The Breakthrough Healing Process for Self-Injurers by Karen Conterio and Wendy Lader, Ph.D., (2) SECRET SCARS: Uncovering and Understanding the Addiction of Self-Injury by VJ Turner, and (3) SEE MY PAIN: Creative Strategies and Activities for Helping Young People Who Self-Injure by Susan Bowman, and Kaye Randall.

James still struggles with overwhelming emotions and remains vulnerable. Diane and I will do our best to be a support to him regardless of his choices. He knows that we love him and will do all we can to be there for him. He also knows that because we love him, we will at times hold him accountable for his choices, which he allows us to do because the trust is there. James is learning to let God be a part of his life and we continue to pray that James will one-day work through the issues he mentions in the article: Self-Injurious Behaviors: A Cutter's Story.

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